Reviewer’s report

Title: Clinical Implications and Characterization of Group A Streptococcus Infections in Adults with Cystic Fibrosis

Version: 1 Date: 04 Nov 2015

Reviewer: Peter Gilligan

Reviewer's report:

The revision of the manuscript adequately address most of the comments I have made on the initial version. I do not agree with putting in the data about the virulence factors or quorum sensing. emm typing is superior to PFGE because certain emm types have been shown to be more virulent. But I must hasten to say, that this is the authors's paper and not mine. They need to have the latitude to present data that they think will be useful to the reader even if this reviewer does not agree. However the discussion of the ceftazidime disc diffusion data crosses a line because it is misleading. The authors and I am in agreement that there are no breakpoints for ceftazidime. We also agree I think that ceftazidime is not a drug that should be used for GAS. Why go through a discussion of ceftazidime susceptibility of GAS when the authors will admit, there are no data to support its use in this setting. Isn't that good enough? Why make statements based on zone sizes that likely predict MIC values less than 0.5 ug/ml for this organism that suggest that has "inferior anti-GAS activity" when frankly there is no data that suggests that is true. I think the clindamycin and azithromycin data is interesting so I am not opposed to presenting susceptibility data. I just am not in favor of the ceftazidime data. My rebuttal of their rebuttal.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
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Unable to assess

Are the conclusions drawn adequately supported by the data shown?
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Yes

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